



Administration of the Child Care Assistance Program

2016-2017 Clay County and Tribal Child Care Plan

Administration of the Child Care Assistance Program

Background: Counties and tribes must submit a biennial Child Care Plan to the Commissioner. The Child Care Assistance Program (CCAP) rules and laws allow counties to establish some local policies and procedures. These local policies and procedures, when included in this plan and approved by the Commissioner, are considered county/tribal policy and are used to support agency decisions during appeals. The Department of Human Services (DHS) will review and approve County and Tribal Child Care Plans. Counties and tribes will receive approval letters for their Child Care Plans from the Commissioner of DHS. This plan period begins on January 1, 2016.

Minnesota Statute, section 119B.08, subdivision 3

Steps to complete the plan process:

Step One

Review the plan. Consider what changes to policies or procedures you will submit as compared to previous plans, or if any of the policy or procedures are new. Involve other staff as needed.

Note: New questions have been added and questions have been re-ordered.

Step Two

Draft the plan responses.

Step Three

Consider how you will inform or involve stakeholders in review of your plan. **DHS encourages counties and tribes to develop optional policies for the Child Care Assistance Program in coordination with local child care stakeholders.** This may include: parents, child care providers, culturally specific service organizations, Child Care Aware agencies (formerly known as child care resource and referral agencies), interagency early intervention committees, potential collaborative partners and agencies involved in the provision of care and education to young children. You may want to consult with other agency staff such as fraud investigators, income maintenance and employment services staff.

Step Four

Post the draft plan. You must make copies of the proposed plan reasonably available to the public and allow sufficient time for public review and comment. See question II.C of this plan; you will need to describe methods used to make the plan available to the public, particularly to those members listed in II.C.

Step Five

Submit the plan by the deadline, and note these guidelines:

- All optional county/tribal Child Care Assistance Program policies must be identified in this plan. See question IX.A.
- Do not answer questions by stating that the reviewer should refer to a previous plan.
- Submit forms that have not been previously submitted and approved. DHS and MEC² standardized forms should not be submitted. Refer to the DHS memo announcing this plan for a list of DHS created documents that are required for CCAP. Incomplete plans will be returned. Be sure to provide an answer to each question.

Amendments to Plans

A county or tribe may amend their Child Care Plan at any time, but the Commissioner must approve the amendment before it becomes effective. If approved by the Commissioner, the amendment is effective on the date requested by the agency unless a different effective date is set by the Commissioner. Plan amendments must be approved or denied by the Commissioner within 60 days after receipt of the amendment request.

Minnesota Rules, part 3400.0150, subpart 3

Amendments include changes in county/tribal contacts, county/tribal optional policies, new or revised forms and notices. Amendments can be sent in letter form or by email to the CCAP technical assistance liaison.

Return completed plans by **Monday, September 14, 2015** to:
DHS.CCAP@state.mn.us



Administration of the Child Care Assistance Program

I. Child Care Assistance Program contacts

A. County or tribal agency

| | | | |
|---|--------------------------------------|--|------------------------------------|
| COUNTY OR TRIBE NAME Clay | GENERAL PHONE NUMBER 218-299-5200 | EXTENSION | GENERAL FAX NUMBER 218-299-7515 |
| AGENCY'S FULL NAME Clay County Social Services | | CCAP INTAKE PHONE NUMBER 218-291-5770 | EXTENSION |
| MAIN OFFICE STREET ADDRESS 715 1th Street North #102 | CITY Moorhead | ZIP CODE 56560 | |
| MAIN OFFICE MAILING ADDRESS (if different) | CITY | ZIP CODE | |

B. County or tribal branch office (if applicable)

| | | | | | |
|--------------------------|----------------------|-----------|--------------------|--------------------------|-----------|
| BRANCH NAME | GENERAL PHONE NUMBER | EXTENSION | GENERAL FAX NUMBER | CCAP INTAKE PHONE NUMBER | EXTENSION |
| ADDRESS OF BRANCH OFFICE | | CITY | | ZIP CODE | |

2. County or tribal client access contact

Include a lead person or multiple people that have contact with CCAP clients in your county.

| | | | | | |
|---|----------------------|------------------------------|-----------|----------------------------|--|
| <input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms. | FIRST NAME Family | LAST NAME Team | | | |
| TITLE Financial Workers | | PHONE NUMBER 218-291-5770 | EXTENSION | FAX NUMBER 218-299-7106 | |
| EMAIL ADDRESS case.banking@co.clay.mn.us | | SIR EMAIL ADDRESS 14T2 | | | |
| ADDRESS 715 11th Street North #102 | | CITY Moorhead | | ZIP CODE 56560 | |

| | | | | | |
|---|--|--|--|---|--|
| <input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms. | | FIRST NAME Amy | | LAST NAME Monson | |
| TITLE Financial Worker | | PHONE NUMBER 218-299-7158 | | EXTENSION FAX NUMBER 218-299-7106 | |
| EMAIL ADDRESS amy.monson@co.clay.mn.us | | SIR EMAIL ADDRESS x114556@cty.dhs.state.mn.us | | | |
| ADDRESS 715 11th Street North #102 | | CITY Moorhead | | ZIP CODE 56560 | |
| <input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms. | | FIRST NAME Becky | | LAST NAME Peterson | |
| TITLE Financial Worker | | PHONE NUMBER 218-299-7059 | | EXTENSION FAX NUMBER 218-299-7106 | |
| EMAIL ADDRESS becky.peterson@co.clay.mn.us | | SIR EMAIL ADDRESS x114539@cty.dhs.state.mn.us | | | |
| ADDRESS 715 11th Street North #102 | | CITY Moorhead | | ZIP CODE 56560 | |
| <input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms. | | FIRST NAME Casey | | LAST NAME Thiessen | |
| TITLE Financial Worker | | PHONE NUMBER 218-299-7086 | | EXTENSION FAX NUMBER 218-299-7106 | |
| EMAIL ADDRESS casey.thiessen@co.clay.mn.us | | SIR EMAIL ADDRESS x114612@cty.dhs.state.mn.us | | | |
| ADDRESS 715 11th Street North #102 | | CITY Moorhead | | ZIP CODE 56560 | |
| <input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms. | | FIRST NAME Cathy | | LAST NAME Andring | |
| TITLE Financial Worker | | PHONE NUMBER 218-299-7070 | | EXTENSION FAX NUMBER 218-299-7106 | |
| EMAIL ADDRESS cathy.andring@co.clay.mn.us | | SIR EMAIL ADDRESS x114574@cty.dhs.state.mn.us | | | |
| ADDRESS 715 11th Street North #102 | | CITY Moorhead | | ZIP CODE 56560 | |
| <input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms. | | FIRST NAME Coreen | | LAST NAME Graham | |
| TITLE Financial Worker | | PHONE NUMBER 218-299-7159 | | EXTENSION FAX NUMBER 218-299-7106 | |
| EMAIL ADDRESS coreen.graham@co.clay.mn.us | | SIR EMAIL ADDRESS x114489@cty.dhs.state.mn.us | | | |
| ADDRESS 715 11th Street North #102 | | CITY Moorhead | | ZIP CODE 56560 | |

C. Agency contact people

This contact information is required to be completed and will be used by DHS staff to communicate with counties or tribes.

1. County or tribal CCAP administrative contact

This person(s) will be the primary contact for DHS CCAP.

| | | | | | |
|---|--|--|--------------------|----------------------------|--|
| <input checked="" type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. | | FIRST NAME Larry | LAST NAME Young | | |
| TITLE Financial Assistance Supervisor | | PHONE NUMBER 218-299-7111 | EXTENSION | FAX NUMBER 218-299-7016 | |
| EMAIL ADDRESS larry.young@co.clay.mn.us | | SIR EMAIL ADDRESS x114561@cty.dhs.state.mn.us | | | |
| ADDRESS 715 11th Street North #102 | | CITY Moorhead | | ZIP CODE 56560 | |

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|---|--|--|--------------------|----------------------------|--|
| <input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms. | | FIRST NAME Dawn | LAST NAME Envik | | |
| TITLE Financial Assistance Specialist | | PHONE NUMBER 218-299-7069 | EXTENSION | FAX NUMBER 218-299-7106 | |
| EMAIL ADDRESS dawn.envik@co.clay.mn.us | | SIR EMAIL ADDRESS x114554@cty.dhs.state.mn.us | | | |
| ADDRESS 715 11th Street North #102 | | CITY Moorhead | | ZIP CODE 56560 | |

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|---|--|--|------------------------|----------------------------|--|
| <input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms. | | FIRST NAME Edie | LAST NAME Broadbent | | |
| TITLE Financial Worker | | PHONE NUMBER 218-299-7835 | EXTENSION | FAX NUMBER 218-299-7106 | |
| EMAIL ADDRESS edie.broadbent@co.clay.mn.us | | SIR EMAIL ADDRESS x114614@sty.dhs.state.mn.us | | | |
| ADDRESS 715 11th Street North #102 | | CITY Moorhead | | ZIP CODE 56560 | |

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|---|--|--|----------------------|----------------------------|--|
| <input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms. | | FIRST NAME Jennifer | LAST NAME Landers | | |
| TITLE Financial Worker | | PHONE NUMBER 218-299-7055 | EXTENSION | FAX NUMBER 218-299-7106 | |
| EMAIL ADDRESS jennifer.landars@co.clay.mn.us | | SIR EMAIL ADDRESS x114484@cty.dhs.state.mn.us | | | |
| ADDRESS 715 11th Street North | | CITY Moorhead | | ZIP CODE 56560 | |

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|---|--|--|--------------------|----------------------------|--|
| <input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms. | | FIRST NAME Kelli | LAST NAME Graff | | |
| TITLE Financial Worker | | PHONE NUMBER 218-299-7699 | EXTENSION | FAX NUMBER 218-299-7106 | |
| EMAIL ADDRESS kelli.graff@co.clay.mn.us | | SIR EMAIL ADDRESS x114620@cty.dhs.state.mn.us | | | |
| ADDRESS 715 11th Street North #102 | | CITY Moorhead | | ZIP CODE 56560 | |

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|---|--|--|--|-----------------------|----------------------------|
| <input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms. | | FIRST NAME Lara | | LAST NAME Burnside | |
| TITLE Financial Worker | | PHONE NUMBER 218-299-7081 | | EXTENSION | FAX NUMBER 218-299-7106 |
| EMAIL ADDRESS lara.burnside@co.clay.mn.us | | SIR EMAIL ADDRESS x114622@cty.dhs.state.mn.us | | | |
| ADDRESS 715 11th Street North #102 | | CITY Moorhead | | ZIP CODE 56560 | |
| <input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms. | | FIRST NAME Jamie | | LAST NAME Davies | |
| TITLE Financial Worker | | PHONE NUMBER 218-299-7079 | | EXTENSION | FAX NUMBER 218-299-7106 |
| EMAIL ADDRESS jamie.davies@co.clay.mn.us | | SIR EMAIL ADDRESS x114596@cty.dhs.state.mn.us | | | |
| ADDRESS 715 11th Street North #102 | | CITY Moorhead | | ZIP CODE 56560 | |
| <input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms. | | FIRST NAME Lavaye | | LAST NAME Samek | |
| TITLE Financial Worker | | PHONE NUMBER 218-299-7064 | | EXTENSION | FAX NUMBER 218-299-7106 |
| EMAIL ADDRESS lavaye.samek@co.clay.mn.us | | SIR EMAIL ADDRESS x114520@cty.dhs.state.mn.us | | | |
| ADDRESS 715 11th Street North #102 | | CITY Moorhead | | ZIP CODE 56560 | |
| <input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms. | | FIRST NAME Randi | | LAST NAME Beaudoin | |
| TITLE Financial Worker | | PHONE NUMBER 218-299-7069 | | EXTENSION | FAX NUMBER 218-299-7106 |
| EMAIL ADDRESS randi.beaudoin@co.clay.mn.us | | SIR EMAIL ADDRESS x114617@cty.dhs.state.mn.us | | | |
| ADDRESS 715 11th Street North #102 | | CITY Moorhead | | ZIP CODE 56560 | |
| <input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms. | | FIRST NAME Rebecca | | LAST NAME McMahon | |
| TITLE Financial Worker | | PHONE NUMBER 218-299-7097 | | EXTENSION | FAX NUMBER 218-299-7106 |
| EMAIL ADDRESS rebecca.mcmahon@co.clay.mn.us | | SIR EMAIL ADDRESS x114623@cty.dhs.state.mn.us | | | |
| ADDRESS 715 11th Street North #102 | | CITY Moorhead | | ZIP CODE 56560 | |

3. Management of waiting list contact

Identify the waiting list contact person in your county or tribe. The waiting list contact person identified should be responsible for maintaining the waiting list, including being able to respond to the state's questions about particular families reported on the waiting list. If more than one person is responsible for maintaining the waiting list, identify one person that can be contacted by state staff for the agency.

| | | | | | |
|---|--|--|-----------|----------------------------|--|
| <input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms. | | FIRST NAME Dawn | | LAST NAME Envik | |
| TITLE Financial Assistance Specialist | | PHONE NUMBER 218-299-7068 | EXTENSION | FAX NUMBER 218-299-7106 | |
| EMAIL ADDRESS dawn.envik@co.clay.mn.us | | SIR EMAIL ADDRESS x114554@cty.dhs.state.mn.us | | | |
| ADDRESS 715 11th Street North #102 | | CITY Moorhead | | ZIP CODE 56560 | |

D. Subcontracted services

Counties and tribes may contract with an agency to administer all or part of their Child Care Assistance Program. Do not include cooperative agreements with employment and training service providers that work with MFIP/DWP families to develop and approve the employment service plan.

Minnesota Rules, part 3400.0140, subpart 7

If you are planning any changes in the administration of your CCAP, notify your policy liaison immediately. This could involve subcontracting or mergers of counties. Failing to notify DHS may delay the changes that you are planning to make.

Does your county or tribe contract with an agency for any part of administration of CCAP? ☐ Yes ☒ No

II. Collaboration and outreach

- A.** Describe your methods for providing information on the availability of child care assistance to individuals, child care providers, social service agencies, local news, etc. to ensure families are aware of the availability of the assistance.

Minnesota Rules, part 3400.0140, subpart 2

Clients will complete the Clay County Employment Assessment, and with the Financial Worker will complete Clay County Education for Employment Plan. The county representative will make a determination if the course of study or training program will reasonably lead to full time employment opportunities. The county will look at the local job market, in relation to the employment goals of the individual(s), to assure they are appropriate in the area. We will communicate with the individual(s) and providers if child care is either under or over authorized due to flexible schedules.

- B.** Describe ways that you collaborate with other community based programs and service providers to maximize public and private community resources for families with young children. Include in this description the methods used to share information, responsibility, and accountability among the identified service and program providers, as listed in statute, as you work to foster collaboration among agencies and other community-based programs that provide flexible, family-focused services to families with young children and to facilitate transition into kindergarten.

Minnesota Statute, section 119B.08, subdivision 3 (1)

Our community works with the local Head Start program which offers pre-school for eligible children that will help with the transition to kindergarten. Solution Behavioral Healthcare Professionals offers a program called Incredible Years. This is child/family intervention for children with mental health and behavioral needs. Solutions provides individual services to children in child care that have behavioral concerns if requested to assist the family and provider in stabilizing the child. Moorhead Public Schools has adopted the Incredible Years model and works with Solutions to provide the programming to elementary and kindergarten students.

EIS (Early Intervention Services) is available for young children with identified developmental and emotional needs. Wrap Around and Family Group Decision making services are available through the County Collaborative for all families, as well as respite funds for some families in Head Start.

- C.** Describe procedures and methods that were used to make copies of this plan reasonably available to the public and the time that was allowed for public review and comment. You must make copies of the proposed plan reasonably available to the public, including members of the public particularly interested in child care policies such as parents, child care providers, culturally specific service organizations, Child Care Aware of Minnesota agencies (child care resource and referral), interagency early intervention committees, potential collaborative partners and agencies involved in the provision of care and education to young children. You must allow time for public review and comment prior to submission of this plan to DHS for approval.

Minnesota Statute,
section 119B.08,
subdivision 3 (2)

Notification will be provided on our Clay County website inviting citizens to review and comment on the plan. A copy of the plan will be posted on the website as well as paper copies made available at our office. An electronic copy of the proposed plan will be emailed to our local Child Care Aware provider as well as our local Early Intervention Committee for review and comment. The posting will be done on September 1st and the comment period will be invited through September 30th. Should input/comments be provided and incorporated in the plan, an amended plan will be submitted to the Department of Human Services at that time.

- D.** Do you post your approved county/tribal plan on your website? ☒ Yes ☐ No

IF YES, GIVE LOCATION AS A WEBLINK

<http://claycountymn.gov>

III. Eligibility

A. Education plans under the Basic Sliding Fee Program (BSF)

Prior to completing this section, please review Minnesota Rules, part 3400.0040 and Minnesota Statutes 119B.07 in their entirety to ensure your policies are in compliance.

Minnesota Rules,
part 3400.0040

Minnesota Statute,
section 119B.07

1. High school diploma/GED high school equivalency diploma

- 1a.** Describe your policy and procedures for approving an acceptable course of study that will reasonably lead to completion of a high school diploma or GED high school equivalency diploma.

Clients will complete the Clay County Employment Assessment and with the financial workers will complete the Clay County Education for Employment Plan. The county representative will make a determination if the course of study or training program will reasonably lead to full time employment opportunities. The county will look at the local job market, in relation to the employment goals of the individual(s), to assure they are appropriate for the area. We will communicate with the individual(s) and providers if child care is either under or over authorized due to flexible schedules.

- 1b.** Identify the factors that contribute to the above policy (for example: program accreditation, online learning programs or alternative programs approved by the Minnesota Department of Education)

The county believes any course of study or training program that leads to employment meets the criteria of a child care assistance program activity.

- 1c.** Identify any factors which would result in the termination of a Basic Sliding Fee education plan for these students.

If the individual drops out of school.

2. Remedial and basic skills courses

2a. Describe your policy and procedures for approving remedial and basic skills courses that are needed to pursue employment or education leading to employment. This includes English as a Second Language classes.

This is looked at for BSF on a case by case situation. In a two person household, we would look at the hours that the remedial and basic skills courses are offered. If the courses are at night, and the member of the household who works, would then be at home to watch the children, then no time would be given for that member to attend the remedial/basic skills courses. In a one person household, the time needed for the courses would be allowed in the plan. With MFIP child care, the remedial/basic skills courses are written into their plan as job search/school activity so then the hours are allowed.

2b. Identify the factors that contribute to the above policy (for example: program accreditation, online learning programs)

Our agency follows the Department of Human Service policy on how to approve remedial and basic skills courses for the BSF Child Care Program.

2c. Identify any factors which would result in the termination of a Basic Sliding Fee education plan for these students.

If the individual was not attending the remedial and basic skills courses.

3. Post-secondary

3a. Describe your policy and procedures for approving an acceptable course of study that will reasonably lead to full-time employment for a post-secondary student applicant under the Basic Sliding Fee program.

The county requests a copy of the class schedule. If it is a one person household, we will provide child care for the hours in school. If it is a two person household, we will look at the work hours of the person not attending school to see if there are times one of the parents would be present to care for the children and those hours would not be approved.

3b. Identify the factors that contribute to the above policy (for example: job availability, wage data, job placement rates)

Changes in work or school schedule will change the hours authorized.

3c. Identify any factors which would result in the termination of a Basic Sliding Fee education plan for a post-secondary student.

If the individual was no longer attending school.

4. Changes to Basic Sliding Fee (BSF) education plans

Is your policy for approving and extending child care assistance for participants whose education programs change the same as the initial approval policy stated in 1a, 2a, and 3a?

☒ Yes ☐ No

B. Basic Sliding Fee Waiting List Management

1. Priorities for service

Have you established sub-priorities for the fifth priority Basic Sliding Fee Child Care Assistance waiting list beyond those required in Minnesota Statute, section 119B.03, subdivision 4?

Minnesota Statute,
section 119B.03,
subdivision 4

☐ Yes ☒ No

2. Six month review of Basic Sliding Fee Waiting List

CCAP Policy Manual,
Chapter 4.3.12.12

Minnesota Statute, section
119B.03, subdivision 2

2a. Statute requires that you review and update your waiting list at least every six months. Describe your agency process for reviewing and updating the waiting list. Include how families are notified of the six month review.

A cover letter along with a redetermination notice is sent to the family.

2b. What is your next step for families that do not respond to this review?

Families that do not respond to the review are removed from the waiting list.

2c. When families are removed from the waiting list, how are they informed of this action?

The cover letter explains that we must review their status to remain on the waiting list. The letter informs them that they must complete the review and return to the county by a certain date. Failure to do so will result in the removal from the waiting list.

3. Applications that are mailed to families on the Basic Sliding Fee Waiting List

Applications must be sent to families on the waiting list when there is funding available to add the family to the Basic Sliding Fee Program. At what point do you remove the family from the waiting list?

- ☐ Family is removed from the waiting list when the application is sent to the family. The notice sent with the application informs the family that their name has been removed from the waiting list.
- ☒ Family is removed from the waiting list when you receive the completed application. If no application is received, the family is removed at the end of the time period allowed for returning the application. The notice sent with the application informs the family
- ☐ Other.

4. Temporarily ineligible families on the Basic Sliding Fee Waiting List

When a family advances to the top of your waiting list and is temporarily ineligible for child care assistance, you must leave the family at the top of the waiting list for a period of time not to exceed 90 calendar days, according to priority group and serve the applicant who is next on the waiting list unless an alternative procedure is provided in the county's plan.

Minnesota Rules, part
3400.0040, subpart 17

Minnesota Rules, part
3400.0060, subpart 6

Do you have an alternative procedure for temporarily ineligible families who reach the top of the waiting list?

- ☐ Yes
- ☒ No

C. Child care for job search activities

1. When you authorize child care assistance during job search activities for families without an approved employment plan, is it your policy to:

Minnesota Rules, part
3400.0040, subpart 15a

CCAP Policy Manual,
Chapter 9.18

- ☒ Authorize the number of hours requested by the participant
- ☐ Authorize a standard number of hours **determined by the agency.**

2. Do you verify the actual number of hours spent on job search? ☐ Yes ☒ No

D. Child care for school release days

What directive is typically given to case workers and billing workers when authorizing care for school release days?

CCAP Policy Manual,
Chapter 9.1.3

- ☐ Authorize actual hours needed and increase or decrease hours based on known school release days.
- ☐ Authorize the hours care is needed when there are no school release days.

- ☒ Authorize the highest number of hours care is needed with the provider.
- ☐ Other method.

How do you communicate scheduled and authorized hours to parents, providers and billing workers?

Clay County sends a letter to all providers informing them that more hours may be authorized than what is used. The letter reminds providers that they still only bill for the time that the child is in their care, not based on the number of hours on the Service Agreement. This letter is sent out at every Registration as well as every 2 year renewal and it is also posted on our County website.

E. Child care for families with flexible schedules

What directive is typically given to case workers and billing workers when authorizing care for families with flexible schedules?

**CCAP Policy Manual,
Chapter 9.1.6**

- ☐ Authorize the typical number of hours needed and when the schedule requires additional care, the provider bills for the additional care.
- ☐ Authorize the minimum number of hours care is needed and when the schedule requires additional care, the provider bills for the additional care. Payment is made by increasing the number of hours listed in the "total hours of care authorized" field on the billing window or by creating a new Service Authorization.
- ☒ Authorize the highest number of hours care is needed with the provider. The provider is expected to bill only for the time that care is needed.
- ☐ Other method.

How do you communicate billing expectations to providers?

Clay County sends a letter to all providers informing them that more hours may be authorized than what is used. The letter reminds providers that they still only bill for the time that the child is in their care, not based on the number of hours on the Service Agreement. This letter is sent out at every Registration as well as every 2 year renewal and it is also posted on our County website.

F. Authorizing care for clients with Employment Plans

Job counselors and CCAP workers must communicate child care needs for clients with Employment Plans. Guidance for workers can be found in 16.1 of the CCAP Policy Manual.

**CCAP Policy Manual,
Chapter 16.1**

1a. Schedules and Authorizations

CCAP workers must obtain an activity schedule or the days and times that child care is needed. Who is responsible for obtaining the schedule information from the client?

- ☒ Job counselor provides schedule or days and times that child care is needed to CCAP worker.
- ☐ CCAP worker obtains schedule from client.
- ☐ Other method.

1b. Explain who determines the number of child care assistance hours to authorize:

- ☐ CCAP worker
- ☒ Job counselor
- ☐ Other method

2. Explain your method of communicating this required information between job counselors and CCAP workers (email, fax, case notes, verbal, pre-made form, etc.)

Emails and interoffice mail is used between the county and the employment agency (Rural MN CEP) to communicate all information between the two agencies. We also have a monthly meeting between a CEP worker and FW to discuss the CEP workers caseload and all topics are discussed at this time as well.

IV. Provider compliance policies

A. Reasons for closing a provider's registration

Minnesota Statutes, section 119B.13, subdivision 6(d) gives counties and tribes options to refuse to issue a child care authorization, revoke an existing authorization for a provider, stop payment, or refuse to pay a bill under circumstances described in the six clauses below. Counties and tribes must indicate which clauses you will include in your plan, and must apply the policies consistently to providers.

Minnesota Statutes
119B.13, subdivision 6(d)

CCAP Policy Manual,
Chapter 9.3

CCAP Policy Manual,
Chapter 14

Does your agency plan to disqualify providers for reasons listed in Minnesota Statutes, section 119B.13, subdivision 6(d)?

☐ Yes ☒ No

V. Policies applicable to legal nonlicensed (LNL) providers

A. Unsafe care criteria

Individuals must pass a background study prior to being approved as an LNL provider. You have the option to apply additional conditions, beyond the background study disqualifications, under which care is considered unsafe. DHS recommends you review the following sections of statute to ensure that your policies are not requirements that are applied to all providers:

Minnesota Statute,
section 119B.125,
subdivision 2

Minnesota
Statutes,
chapter 245C

- Minnesota Statute, sections 119B.125, subdivision 2
- Minnesota Statute, sections 245C.14 or 245C.15

Note that a conviction for a crime or offense not listed in sections 245C.14 or 245C.15 is not an automatic bar to authorization as a legal nonlicensed family child care provider. A conviction for a crime or offense not listed may only bar an authorization if the crime or offense reflects on the provider's ability to provide care.

Do you apply additional conditions of unsafe care beyond those contained in Minnesota Statute, sections 245C.14 or 245C.15, to legal nonlicensed providers or legal nonlicensed care arrangements?

☐ Yes ☒ No

B. Background checks for legal nonlicensed providers

You are required to complete a criminal background study on all legal nonlicensed child care providers and persons residing in their households.

1. Do you charge a fee to unlicensed providers for the costs involved when completing the required criminal background check?

☒ Yes ☐ No

How much do you charge for the required background check? Fees for background checks are not to exceed \$100 annually.

☒ per family \$ 25.00 ☐ per person

2. How often do you reauthorize providers?

☐ Yearly ☒ Every Two Years ☐ Other

3. Do you request background information from other agencies when a provider is registered by another agency?

☐ Yes ☒ No

C. Records of substantiated parental complaints

1. Describe your process for substantiating parental complaints concerning the health and safety of children in the care of legal nonlicensed providers.

Clay County keeps a log of complaints concerning the health and safety of children in the care of legal nonlicensed providers. If there is a parental concern regarding maltreatment by a provider it is sent to child protection. They determine if the report will be screened in our not. If it is screened in, the child protection worker and the licensor will investigate the complaint. If it is screened out, the licensor's from the county will still investigate the situation and determine if there are any licensing violations. Either way, there will be a follow up from our licensor to the provider to look into this complaint.

2. How do you:
 - a. Maintain these records of substantiated complaints, and
 - b. Make this information available to the public when requested?

Minnesota Rules, part
3400.0140, subpart 6

Minnesota Statutes,
chapter 13

1. The county keeps a complaint log of substantiated complaints and a copy of the substantiated complaint is kept in the provider file.
2. When the county receives a request the county will give the information over the phone, or if they request, the county will supply the information in writing.

VI. Special needs rates

Special needs rates, above the standard maximum rates, can be paid to providers if approved by the Commissioner of DHS (up to the provider's charge).

Minnesota Statute,
section 119B.13,
subdivision 3

Minnesota Rules,
part 3400.0130,
subpart 3

CCAP Policy
Manual,
Chapter 9.54

A. Special needs rates for an individual child with special needs

Rates paid for the care of children with special needs are allowed to exceed standard maximum rates. Requests for individual special needs rates are submitted by the agency and approved by DHS. Refer to 9.54 of the CCAP Policy Manual for more information about the special needs rate approval process. When an individual special needs rate is approved, it is considered an amendment to the County and Tribal Child Care Plan. You are no longer being asked to submit a list of special needs rates for individual children with this plan because DHS has this information.

B. Special needs rates for children in at-risk programs

You may choose to pay special needs rates to certain populations defined as "at-risk" in your County and Tribal Child Care Plan. You must have DHS approval for these rates to be paid. At-risk means environmental or familial factors exist that could create barriers to a child's optimal achievement. If you have chosen to pay special needs rates for specialized care to identified at-risk populations, include information for each facility that provides specialized services. If you have a contract with the identified facilities, submit the contract as an attachment to this plan.

| Identified at-risk population group | Facility name | Rate by age category | Rate schedule | Begin date | Documentation that supports the approved rate that is on file from the provider | Documentation in the file that supports that the child is included in the at-risk population |
|-------------------------------------|---------------|----------------------|---------------|------------|---|--|
| | | | | | | |

If this information changes, including additional population groups identified by your agency, new facilities, or a proposed change in rates paid, DHS must approve the change. Submit a request to amend your plan. This information will be used during case audits.

C. Special needs rates for care of sick children

You may choose to pay special needs rates for the care of sick children. Special needs rates for care of sick children apply to rates paid above the standard maximum rates to a provider that cares for sick children. You must have DHS approval for these rates to be paid.

Minnesota Rules, part
3400.0110, subpart 8

1. Identify the provider type, rate(s) approved, rate schedule and the approved rate begin date for each special need rate currently paid above the standard maximum rate when care is for a sick child. **Do not attach client-specific information to this plan.**

| Provider type | Rate by age category | Rate schedule | Approved rate begin date |
|---------------|----------------------|---------------|--------------------------|
| | | | |

VII. Payment policies

A. Payment to two providers when a child is sick

When a child is sick and being cared for by a second provider, do you pay both the regular provider that charges an absent day if the child has not reached the absent day limit and the second provider that is caring for the child?

Minnesota Rules, part
3400.0110, subpart 8

☒ Yes ☐ No

Note: If the rate paid for care of sick children exceeds maximum rates, the "rates for care of sick children" must be included in the special needs rates section of this plan.

B. Provisional payment of legal nonlicensed providers

Do you issue provisional authorization and payment to legal nonlicensed providers during the time necessary to receive and review the results of the statutorily required criminal investigation and determine whether to give final approval to the provider?

Minnesota Statute, section
119B.125, subdivision 5

Minnesota Rules, part
3400.0110, subpart 2a

☐ Yes ☒ No

C. Submission of invoices

If a provider receives an authorization of care and a billing form for an eligible family, the provider must submit the billing form to the agency within 60 days of the last date of service on the billing form. If the provider shows good cause for the delay then you may pay bills submitted after 60 days.

Minnesota Statute, section
119B.13, subdivision 6

1. What is your **definition of good cause** for delay in submitting a billing form? Agency error must be included in this definition.

A circumstances beyond a providers control which prohibits the provider from submitting their billing to the county within 60 days of the last day of service. Examples of circumstances beyond the providers control are, but not limited to: Illness of the provider, injury of the provider, death of the provider/family member. Delays or errors caused by agency will not stop payment to the provider.

2. Identify any circumstances when a provider signature is not needed on a billing form.

If the provider is unable to sign due to death, illness or other circumstance approved by the county. Providers participating in the MEC2 PRO System are exempt from the signature requirement.

3. Do you require the parent signature on the billing form? ☒ Yes ☐ No

Identify any circumstances when a parent signature is not needed on a billing form.

For electronic billing we do not require a parent signature. If a parent is no longer available to sign or if a special circumstance is approved.

If your agency is using MEC² PRO, explain how this requirement is met with the use of electronic billing.

This requirement is waived with electronic billing.

Explain how you monitor the signature requirement for billing forms submitted through MEC² PRO.

We do not monitor as this is waived for electronic billing.

D. Underpayments

If you determine that you have underpaid according to Child Care Assistance Program policies, do you make corrective payments? ☒ Yes ☐ No

If yes, describe what circumstances apply to making corrective payments. You may apply criteria such as a dollar amount, or how far back the situation occurred to limit underpayments to some situations.

The Financial Worker will contact the auditor's office to request the correct payment be issued.

E. Provider rates

Does your county enter provider rates on MEC²? ☒ Yes ☐ No

F. Absent day policy

The Child Care Assistance Program limits the number of absent days for which licensed child care providers or license-exempt centers may be paid. Payment for absent days may exceed limits upon request of the program and approval of the county, if at least one parent in the child's family:

Minnesota Statute,
section 119B.13,
subdivision 7

1. Is under the age of 21;
2. Does not have a high school or general equivalency diploma; and
3. Is a student in a school district or another similar program that provides or arranges for child care, parenting support, social services, career and employment supports, and academic support to achieve high school graduation.

Do you have any approved child care providers that meet these requirements? ☐ Yes ☒ No

VIII. Program integrity

A. One of the most successful tools in attaining and maintaining high payment accuracy is a case management review system. Case management reviews can help to determine root cause(s) of errors and therefore identify specific areas needing corrective action, such as policy clarification, refresher training, changes in office procedures, improved case record documentation, etc.

There are a number of different approaches to case management reviews. For example a full case review would encompass all aspects of a family's CCAP case information and/or a child care provider's information. A targeted review is focused on specific elements within a case, a specific policy or error prone areas.

1. Do you conduct case management reviews of CCAP? ☐ Yes ☒ No
2. Do you conduct case management reviews of CCAP child care providers? ☐ Yes ☒ No

IX. Other responsibilities

- A.** Identify any other policies that apply to the Child Care Assistance Program which are not specifically required by state or federal rule or law.

Minnesota Rules, part
3400.0140, subpart 1

Minnesota Rules, part
3400.0150, subpart 2

Information on the availability of child care assistance is provided to each applicant for child care. In addition, all applicants for public assistance are given information on child care assistance by the financial worker. Child Care Aware provides information through the local news media.

- B.** All agency developed forms used for CCAP must reflect current policy and be approved by DHS. Do you use agency developed forms and written documents? ☒ Yes ☐ No

Note: Refer to the DHS memo announcing this plan for a list of DHS created documents that are required for CCAP. You should use the DHS required documents that are listed. We encourage use of the other DHS documents.

Use this table to list current agency developed forms and assure compliance. All new and/or amended forms, agreements/contracts or other written documents and materials that have not been previously approved or standardized through MEC² that are used for the administration of the Child Care Assistance Program must be submitted with this plan for DHS approval. These forms and documents must comply with current statute, memos, bulletins, and the CCAP Policy Manual. If a policy handbook is submitted, highlight the content that has not been previously approved. Only those unapproved sections that are not found in the CCAP Policy Manual, MEC² User Manual, "Do You Need Help Paying for Child Care" (DHS-3551) and the "CCAP Provider Guide" (DHS-5260) will be reviewed. Forms standardized through MEC²/DHS do not need to be listed or submitted.

| Name of County Developed Form | Form reflects current CCAP policy | Status of current form |
|-------------------------------|--|--|
| | <input type="checkbox"/> Agency assures compliance | <input type="checkbox"/> DHS approved <input type="checkbox"/> Needs DHS approval AND <input type="checkbox"/> Form is submitted with plan |

X. County and tribal assurances

By checking the designated boxes below in items A and B, the agency assures compliance with applicable consumer and provider education requirements. It is not necessary to attach copies of this material to this plan.

- A.** The county or tribe is informing parents about the following as required under Minnesota Rules, part 3400.0035, subpart 1.

Minnesota Rules, part
3400.0035, subpart 1

- The documentation necessary to confirm eligibility for CCAP
- Waiting list information
- Application procedures

☒ **County or tribe assures compliance**

In addition, the agency uses the following:

"Parent Acknowledgement When Choosing a Legal Nonlicensed Provider" (DHS-5367) assures compliance with the following:

- Families rights and responsibilities when choosing a provider

"Do You Need Help Paying for Child Care?" (DHS-3551) assures compliance with the following:

- Federal and state child and dependent care tax credits
- Earned income credits
- Other services for families with young children
- Child Care Aware services
- Child Care Assistance Program eligibility requirements
- Family copayment fees and how computed
- Information about how to choose a provider
- Availability of special needs rates
- The family's responsibility for paying provider charges that exceed county maximum payments in addition to the family copayment fee; and
- The importance of prompt reporting of a move to another county to avoid overpayments and to increase the likelihood of continuing benefits.

☒ **County or tribe assures compliance and uses DHS-5367 and DHS-3551**

B. The agency is distributing the following required information to registered legal nonlicensed providers:

Distribution requirements may be accomplished by giving the materials directly to the provider, or to the parent and establishing a method to ensure that the provider receives the material. Minnesota Rules, part 3400.0140, subpart 5.

**Minnesota Rules, part
3400.0140, subpart 5**

Use of "Health and Safety Resource List for Parents and Legal Nonlicensed Providers" (DHS-5192A) assures compliance with the following:

- Child immunization requirements
- Child nutrition
- Child protection reporting responsibilities
- Health and safety information
- Child development information; and
- Referral to Child Care Aware

☒ **County or Tribe assures compliance by use of DHS-5192A** (optional to send with or without additional materials)

OR

☐ **County or Tribe assures compliance by sending other materials that meet these requirements**